

**TENNESSEE DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
and the
TDMHSAS PLANNING & POLICY COUNCIL
FY 2011 Joint Annual Report
July 1, 2011 – June 30, 2012**

INTRODUCTION:

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) serves as the state's mental health and substance use disorders authority and is responsible for system planning, setting policy and quality standards, system monitoring and evaluation, disseminating public information and advocacy for persons of all ages who are living with mental illness, serious emotional disturbance, or substance use disorders.

Effective July 1, 2012, the Legislature changed the name of the Department of Mental Health to the Department of Mental Health and Substance Abuse Services (TDMHSAS) to more accurately reflect the mission of the agency. In January 2011, legislation changed the name TDMHDD to the Department of Mental Health and the same legislation created a Department of Intellectual and Developmental Disabilities (DIDD) in June 2010. DIDD now serves as the state's intellectual and developmental disability authority with responsibility to coordinate, set standards for, plan, monitor, and promote the development and provision of services and supports to meet the needs of persons with intellectual and developmental disabilities. Consequently, responsibility for developmental disabilities was transferred to the new Department of Intellectual and Developmental Disabilities.

TDMHSAS serves adults with mental illness and children with serious emotional disturbance by planning, promoting, and contracting for an array of community mental health services, which are complementary to the mental health treatment services provided through the Bureau of TennCare. Community mental health services include prevention, early intervention, support services, rehabilitation, recovery and forensic services, and juvenile court evaluation services. TDMHSAS also provides a wide array and varied intensity level of substance abuse treatment services for children and adults with specialty services for women, intravenous drug abusers and persons at risk for or infected with HIV or tuberculosis. Prevention services are targeted to children and youth and include an array of school and community-based prevention programs, professional training, and evaluation activities. Substance abuse services are provided through a statewide network of more than 152 community and faith-based providers.

- TDMHSAS administers two federal block grants from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). One provides services for adults living with mental

illness and children with serious emotional disturbance and the other for persons with substance use disorders.

- TDMHSAS maintains private, state and federally funded grant contracts with private, not for profit community mental health and substance abuse agencies and other organizations. Varied grants provide a variety of services that are either not available or fully supported through TennCare to enrollees and for non TennCare members who need services provided by TDMHSAS.
- TDMHSAS administers the Behavioral Health Safety Net of Tennessee program which addresses core mental health service needs for uninsured persons living with serious mental illness who meet eligibility criteria.
- TDMHSAS operates four state psychiatric hospitals referred to as Regional Mental Health Institutes (RMHIs).
- TDMHSAS provides statutorily mandated inpatient and outpatient forensic and juvenile court services through a combination of direct service through the RMHIs and contracts with community providers.
- TDMHSAS provides assistance to individuals of all ages when a behavioral health crisis occurs. Tennessee has a 24/7 crisis system that includes toll-free telephone triage and intervention, face-to-face or telehealth crisis assessments and evaluations; evaluation and referral for additional services and treatment, stabilization of symptoms; mandatory pre-screenings by a Mandatory Pre-screening Agent (MPA), when inpatient psychiatric hospitalization is indicated, and follow-up services. Walk-in triage centers, crisis stabilization units, and crisis respite services are also available to individuals 18 years of age and older.
- TDMHSAS contracts with six agencies to operate medically-monitored detoxification units which provide short-term, cost-effective detoxification services 24-hour, seven days a week.

The TDMHSAS Planning and Policy Council was created by the General Assembly which set membership requirements and responsibilities in Tennessee Code Annotated, §§33-1-401-402. Membership includes service recipients and their family members, representatives for children and youth, older adults, advocates, service providers, state agency representatives, and two legislators appointed by the Speakers of the respective houses.

The Council meets quarterly and is charged with assisting TDMHSAS in planning a comprehensive array of high quality prevention, early intervention, treatment, and recovery services and supports; advising the Department on policy; budget requests; and developing and evaluating services and supports. The Council annually reviews the adequacy of the mental health and substance abuse law, Title 33, to support the service systems; makes recommendations for inclusion in the Department's three-year plan; annually reviews the federal Mental Health Block Grant application and the federal Substance Abuse Prevention and Treatment Block Grant application; and, in conjunction with the TDMHSAS, reports annually to the Governor on the service system, departmental programs and facilities.

The Planning and Policy Council was instrumental in creating and selecting the new Department name. The Council identified at least eight names for the Department during a Statewide Council meeting. A survey was sent to each council member asking them to select their top three choices for the Department name. The Department of Mental Health and Substance Abuse Services was the final selection.

STRENGTHS:

- Behavioral Health Safety Net of Tennessee (BHSN of TN) – TMDHSAS administers the BHSN of TN which addresses core mental health services for uninsured persons with severe mental illness who meet eligibility criteria. TMDHSAS partners with 17 community mental health agencies (CMHAs) across the State to provide essential mental health services to persons in this program.

The BHSN of TN is designed to meet basic treatment needs of individuals and includes assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination. Approximately, 32,667 individuals received services through the BHSN of TN program this fiscal year. The top three services utilized were case management, pharmacologic management, and individual psychotherapy.

The TDMHSAS Planning and Policy Council supports the continuation of the BHSN of TN.

- Medically-Monitored Crisis Detoxification (MMCD) Units – TDMHSAS contracts with six agencies for Medically-Monitored Crisis Detoxification services. These units provide short-term alcohol and drug detoxification services. The units are cost effective because they offer intensive 24-hour evaluation and withdrawal management, including observation, monitoring, and treatment, in a less restrictive setting than a hospital. The units are clinically effective as MMCD providers refer their patients upon discharge to treatment providers and follow-up to ensure that individuals maintain their scheduled appointments, and continue in substance abuse treatment. Referrals come from mobile crisis teams, RMHI's, law enforcement agencies, or hospital emergency departments.

MMCD services have significantly improved access to care for uninsured individuals in need of detoxification services and have reduced hospital admissions, emergency department services, and criminal justice involvement.

- Mobile Crisis – TDMHSAS contracts with 13 community-based providers to offer twenty-four hours per day, seven days per week toll-free telephone triage and intervention, face-to-face services including: prevention, triage, intervention, community screenings by a mandatory prescreening agent, evaluation and referral for additional services and treatment, stabilization of symptoms, mobile services to

wherever the crisis is occurring in the community and follow-up services for a behavioral health illness and a crisis situation.

In FY 2011/2012, mobile crisis served a total of 100,772 adults and 11,675 children and youth. Of the total requiring a face to face evaluation, 42% resulted in the need for inpatient psychiatric evaluation.

The new statewide toll free crisis number, 1-855-CRISIS-1 (274-7471) has gained enough popularity to allow release of the old number which was completely phased out by August 31, 2012. A total of 5,427 individuals were assisted through the statewide toll free crisis number between July 1, 2011 and June 30, 2012.

The TDMHSAS, Office of Crisis Services is currently developing an implementation plan for the inclusion of the Columbia Suicide Severity Rating Scale (C-SSRS) into the Tennessee Crisis Assessment Tool. The C-SSRS is nationally and internationally known for its predictability of a person's risk for suicide and is being used across a variety of systems such as the Veteran's Administration, National Guard, jails, schools and judicial systems to better identify individuals in need of emergency care.

As the Office of Crisis Services continues to perform a top to bottom review and identify potential efficiencies, the decision was made to develop a web-based crisis tracking system that will allow for improved accuracy and reliability of crisis service data which is currently being self-reported by providers. This system will decrease the amount of time and effort currently required for data collection, correction, aggregation and analysis saving valuable resources for both the providers and TDMHSAS staff. The web based crisis tracking system is currently slated to go live July 1, 2013.

Development of statewide telehealth systems continues to support for two areas that benefit the crisis system: providers who utilize telehealth to conduct a volume of crisis assessments and those that assess at remote locations. Use of telehealth has improved response times and reduced wait for the individual receiving services, streamlined access to appropriate mental health and/or substance abuse care and reduced gas costs and travel time of staff. During FY12, there were a total of 4,060 crisis assessments conducted via telehealth across the state.

In addition to the crisis assessment, connections are currently being established between crisis providers and the state's four regional mental health institutes to allow for an admission evaluation to occur prior to transporting an individual long distances. During FY 12, there were a total of 301 admission evaluations conducted by telehealth with 109 of those resulting in a non-admit decision. Use of telehealth for this purpose prevented unnecessary transportation by law enforcement and reduced potential anxiety created by such for the 109 individuals evaluated prior to arrival onsite at the inpatient psychiatric hospital. Telecommunication Guidelines for Crisis Services have been developed and are now available on the TDMHSAS website.

Additionally, TDMHSAS is exploring the use of telehealth to provide Intensive Outpatient Services and case management for individuals with a substance use disorder. Telehealth also has the potential to make specialty psychiatric services available to underserved areas. A telemedicine pilot project conducted at one RMHI proved so advantageous that the program is expanding to include all four State-operated RMHIs.

- Crisis Stabilization Units (CSU's) – Tennessee currently operates eight (8) crisis stabilization units located in Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville, Morristown and Johnson City. CSU's provide facility-based, voluntary services that offer twenty-four hour, seven days per week, intensive, short term stabilization and behavioral health treatment for those persons 18 years of age and older whose behavioral health condition does not meet the criteria for involuntary commitment to a psychiatric hospital or other treatment resource. Services provided by a CSU are limited to ninety-six (96) hours. Each CSU has a 15 bed capacity with the exception of one 10 bed unit located in Cookeville, TN. Statewide there are 115 community based crisis beds.
- In addition, each of the CSUs also offers 24/7 walk-in triage capability which has proven most beneficial in keeping individuals out of Tennessee's emergency departments and jails unnecessarily. During FY12, there were 20,979 individuals triaged and linked to services through one of Tennessee's eight crisis walk-in triage centers. These services have proven beneficial to law enforcement officials by offering prompt access to mental health assessments and referrals.

Between July 1, 2011 and June 30, 2012, nine thousand, five hundred and eighty-six (9,586) individuals ages 18 and over have been admitted for a short term stay at one of the eight crisis stabilization units. Approximately 67% of all individuals served in the CSUs are uninsured. The average statewide utilization rate has increased from 62% utilization during FY11 to 70% in FY12 with an average length of stay just over 3 days. Less than 4% of all CSU admissions are readmitted within 30 days or require transfer to inpatient psychiatric hospitalization.

TDMHSAS, in collaboration with the Bureau of TennCare, has established a workgroup to investigate the potential for adding children and youth resources to the crisis continuum of services.

The TDMHSAS Planning and Policy Council continues to advocate for Children and Youth Crisis Stabilization Units. The Regional Councils and Children's Committee of the statewide Council identified C&Y CSU's as a need across the state.

- The Research Team supports the work of policy makers by providing the information, data, and research necessary to make data-driven decisions and to measure the effectiveness and efficiency of TDMHSAS projects and programs. Research Team members worked with the Office of Planning to create a survey to

inform the needs assessment process conducted annually by regional planning councils. The Research Team supported DSAS by reporting quarterly progress on the department's implementation of the prescription drug initiative to the Safety Subcabinet including convening the Substance Abuse Data Task Force to coordinate data collection and reporting, and compiling guidelines for prescribing opioids and benzodiazepines. Working with all TDMHSAS business units, the Research Team collected and reported data about Tennessee's mental health system to the federal Substance Abuse and Mental Health Services Administration. The Research Team compiled indicators of behavioral health in Tennessee and the United States as well as indicators of the seven (7) planning regions and 95 counties. The Research Team facilitated the development of best practice guidelines for children and youth and the creation of departmental standards on adult mental health case management and crisis services. The Research Team protected the welfare of service recipients involved in research projects by facilitating the work of the departmental Institutional Review Board (IRB).

TDMHSAS revamped the annual needs assessment process to target its resources in the most appropriate and effective way as well as meet new federal government reporting requirements. This spring the department's seven regional planning and policy councils conducted annual assessments of regional needs using data compiled by the Research Team, to make recommendations to the statewide TDMHSAS Planning and Policy Council for service development and resource allocation.

The TDMHSAS Planning and Policy Councils continue to advise the Department on service needs through the annual regional needs assessments and survey, the children and adult statewide committees, and the monitoring of programs through the Department's Three-Year Plan progress reports.

- The Department has had several opportunities to work with individuals in the criminal justice system. Therefore, the Division of Substance Abuse Services (DSAS) reorganized its functions and created the Office of Criminal Justice Programs. A primary program in that office is the Alcohol and Drug Addiction Treatment program (ADAT), a statutorily initiated, state funded program that provides alcohol and drug treatment to indigent DUI offenders across Tennessee. The offenders must have a DUI conviction and be mandated to treatment by the court system.

Through a joint effort between DSAS and the Department of Corrections (DOC), the Community Treatment Collaborative (CTC) was created to divert at-risk probation and parole technical violators with substance abuse and co-occurring disorders from returning to state prison. The CTC diverted 2,414 individuals who would have otherwise been incarcerated due to a technical violation.

The Criminal Justice Behavioral Health Liaison program funds nine (9) criminal justice liaisons to work in the jails and with the court system to provide support and liaison services to incarcerated individuals and their families. Services include a

mental health screening and assessment; linkage and referral to behavioral health and recovery support services; stabilized housing; medication assistance; and other community supports.

Driving Under the Influence (DUI) Schools were transferred from the Office of Highway Safety to DSAS, and the Division undertook the project to standardize the curriculum. As of February 1, 2011, all licensed DUI Schools must use the evidence-based Prevention Research Institute's *Prime for Life* curriculum. There are seventy-one (71) DUI Schools.

Effective July 1, 2012, Executive Order #12 transferred the Drug Court program from the Department of Finance and Administration, Office of Criminal Justice Programs to TDMHSAS, DSAS. Drug courts are specialized courts or court calendars that incorporate intensive judicial supervision, treatment services, sanctions, and incentives to address the needs of addicted offenders. A drug court team is composed of the following personnel: the judge, prosecutor, defense attorney, drug court coordinator, probation officer, treatment providers and other program staff. The team works in concert to ensure that defendants have the support of the justice system and access to treatment services to address substance abuse problems and needs. The Drug Court transfer will facilitate the opportunity to expand access to evidenced-based programs and treatment options for defendants.

- Since 2000, over \$360 million has been leveraged resulting in the development of over 8,633 housing units in the Tennessee Creative Homes Initiative. This Initiative combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. People with a history of mental illness living in supportive housing have an average 82% reduction in the number of psychiatric hospitalization days compared to the year before entering supportive housing.
- The children's mental health service system in Tennessee also has a number of strengths, including four System of Care (SOC) Federal Grant awards, the ability to support a variety of prevention and early intervention services for preschool and school-age children, extensive family support services, a well-developed planned respite program, and clinical services for at-risk populations. Effective diversion programs, in-home intervention, and a statewide crisis services program specifically for children and their families result in limited use of hospitalization for children. There is also generally good access to behavioral health services through access to affordable insurance programs such as Cover Kids and TennCare.

Numerous initiatives continue to occur that promote a better integrated SOC for children's services. TDMHSAS and the Tennessee Council on Children and Youth co-chair the Council on Children's Mental Health (CCMH). CCMH is fully engaged in the process to plan for statewide SOC implementation. The goal of the State's system is for children with multi-system needs to be served in their homes and communities. State partners and community and family advocacy groups also

contribute to the work of the CCMH. TDMHSAS made one of its block grant goals to increase public awareness of SED and Systems of Care through statewide outreach activities. In June, TDMHSAS applied for a Statewide System of Care Expansion Implementation grant, which would provide funding to support SOC infrastructure development across the state, namely through the creation of a System of Care Technical Assistance Center within the department. Additionally, TDMHSAS has been working in collaboration with the Governor's Children's Cabinet to improve efficiency and coordination across child serving departments.

Challenges remain in the areas of recruitment and retention for all mental health professionals in rural areas, including those with specialized training in children and youth services.

DSAS utilizes the Institute of Medicine (IOM) Continuum of Care model—promotion, prevention, treatment and maintenance—to ensure that a continuum of care of services is provided for substance use disorders to youth and young adults. This model identifies a proactive process in which each phase is linked to the next. Strong treatment promotes successful maintenance; successful maintenance prevents the need for repeat treatment. For example, the HIV/AIDS Early Intervention Services Program is designed to: 1) prevent individuals from becoming infected with and/or transmitting HIV; 2) make early intervention services for HIV/AIDS available to individuals in alcohol and drug abuse treatment programs; and 3) identify and refer individuals needing social and medical services for HIV/AIDS to the appropriate services.

DSAS works with 15 Community Anti-Drug Prevention Coalitions across the state to plan and implement environmental strategies and community based strategies. The Coalitions collaboratively work toward a common goal of building a safe, healthy, and drug free community. The Department has integrated the Coalitions into the Regional Planning and Policy Councils to bring substance abuse awareness and resources to communities across the state.

- TDMHSAS's leadership is excited about the growing use of telemedicine across the State. Telemedicine capability improves access to assessment, treatment, and specialist consultation in targeted rural areas. Telemedicine also has great potential to increase access to crisis services across the State, as well as produce savings for law enforcement by enabling distance evaluation for emergency involuntary hospitalization.
- Certified Peer Specialists – A Certified Peer Specialist has self-identified as a person living with a mental illness or co-occurring disorder (COD) who has successfully navigated the service system to access the treatment and resources necessary to build personal recovery and succeed with his or her life goals. This individual undergoes training recognized by the Department on how to assist other persons with mental illness or co-occurring disorders in fostering their own wellness, based on the principles of self-directed recovery. Certified Peer Specialists deliver

specialized services in the mental health system; provide Medicaid-billable services through provider agencies; assist consumers by promoting self-directed recovery goals; and function as coaches, advocates, teachers, and group facilitators. TDMHSAS has certified 213 Peer Specialists since the inception of the Peer Specialist Certification Program in FY 06. The Department has held numerous outreach presentations to inform mental health providers and potential consumer-applicants about the certification program and has conducted and sponsored trainings for Peer Specialists to meet ongoing education requirements of certification. The state certification program is administered in partnership with a statewide advisory committee comprised of Certified Peer Specialists that provides oversight. The guidelines and standards, along with the application and certification forms, are available on the TDMHSAS website.

Certified Peer Support Specialists provide peer led groups to individuals receiving services in a Crisis Stabilization Unit and assist individuals in crisis by accompanying the crisis responder on an assessment; accompanying an individual during the psychiatric hospitalization process; or conducting follow-ups.

- Consumer Advisory Board (CAB) – The CAB is a statewide board of individuals with a mental illness or co-occurring disorder (COD) that meets via conference call monthly to voice an informed perspective on policy and planning issues that impact the recovery, resiliency, and rights of people with mental illness or COD. In October of 2011, the CAB joined with the Certified Peer Specialist Advisory Committee to host the inaugural statewide Peer Specialist Conference in Murfreesboro. More than 150 Peer Specialists, provider agencies, and people interested in becoming Peer Specialists attended the conference.
- The Tennessee Web-based Information Technology System (TN WITS) enables DSAS to: manage scarce resources effectively; describe and advocate for the work with consumers, family members, legislators, advocates and others; centralize billing; and evaluate the impact of services on the health and well-being of Tennesseans. TN WITS also collects National Outcome Measures (NOMs) and Treatment Episode Data Sets (TEDS) for federal agencies in support of federal funding. Coalitions and prevention, treatment and recovery support service providers enter into TN WITS all NOMs data with additional information on the community sector support, costs and staff level of effort. Prevention providers are able to enter consumer demographics, enroll the consumer in a curriculum, and set up group sessions and activities. TN WITS also has the capability of tracking consumer's clinical treatment and recovery support episodes of care. DSAS is implementing a Problem Solving Court Data module for Drug Treatment Courts to collect and distribute data and outcomes measures on drug court offenders. All prevention, treatment and recovery programs, including coalition staff, have been trained on how to utilize data to make informed decisions, and are provided ongoing technical assistance from DADAS.

TDMHSAS is participating in the Governor's Public Safety Subcabinet Workgroup to significantly reduce prescription drug abuse, drug trafficking, curb violent crimes, and lower the rate of repeat offenders. The Department is working collaboratively with 11 state agencies, safety professionals, and stakeholders across the state.

GRANT AWARDS

- Tennessee Lives Count (TLC) – In August 2011, TDMHSAS received a grant of more than \$1.4 million over the next three years to help reduce suicide attempts by Tennessee youth. This grant will be used to implement strategies that will increase the skills of individuals that work with high-risk youth to recognize the signs of suicide and learn how to intervene to save lives. TLC will also provide post crisis follow-up to youth seen in area emergency departments following a suicide attempt. The current award has several training components focused on “gatekeeper” training. A gatekeeper in suicide prevention is one that learns the signs of suicide and what to do to save a life. In the first year of the award, 6,631 adults who work with high risk youth learned the warning signs of suicide and how to save a life.

TLC is also piloting a new component for the grant. It is called Enhanced Follow-Up. This component provides a three month program to families and youth who were seen in crisis with a suicide attempt. The youth and families are seen weekly. The main functions of this component include Referral Retention, Means Restriction Counseling (safety sweep of home, gun locks, etc.). These referrals are individualized based on the youth's strengths, challenges, needs and interest and could be used for mentoring, church affiliation, or any program that helps the youth have a sense of belonging.

- Screening, Brief Intervention and Referral to Treatment (SBIRT) – In August 2011, TDMHSAS received an \$8.3 million federal grant to identify individuals using substances at high risk levels and to implement SBIRT services for these individuals in primary care and community health settings. The state will partner with two medical residency programs, Meharry Medical College and East Tennessee State University and the Tennessee National Guard (a population at high risk for alcohol use and abuse). The goal is to identify patients who are at risk, provide brief interventions, provide access to intensive treatment options and facilitate communication between primary caregivers and substance abuse providers. Tennessee was one of nine states to receive funding over a five-year period.
- The Strategic Prevention Enhancement (SPE) grant is a one-year, \$600,000 federal grant awarded to TDMHSAS in August 2011 by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) to enhance Tennessee's current prevention infrastructure. SPE project activities will include the following: an assessment of Tennessee's existing prevention infrastructure; identification of service and structural gaps; and development of a long-term, data-driven strategic plan to restructure, enhance, and further strengthen Tennessee's prevention system to better address emerging needs

of communities and population to support more strategic, comprehensive systems of community-oriented care.

- 2nd Chance Act Family-Based Offender Substance Abuse Treatment Program – In September 2011, TDMHSAS received a two year grant for a total of \$443,188 to implement the Re-Entry Support for East Tennessee Families (RSETF) program. RSETF provides evidence-based substance abuse disorder treatment; effective transition planning; trauma informed care; recovery support services; and intensive case management for adult female felony offenders with minor dependent children who have a diagnosed substance abuse disorder. This program works with women incarcerated at Johnson City, Sullivan County, or Washington County jails and who are six to twelve (6-12) months from release. One of the goals for RSETF is to reduce recidivism and parole revocations; and to re-establish connections between the women and their minor dependent children.
- BRSS TACS Grant – In the spring of 2012, TDMHSAS was awarded a \$50,000 federal grant to focus on expanding and improving the state certification program for Peer Specialists. The plan includes expanding the Peer Specialist Certification program to do the following: include people who have lived experience solely with substance use disorders; standardize the initial training requirements for all certification applicants; and develop a strategy to educate mental health and substance abuse providers across the state about the value of peer specialists and the unique services they provide. These action steps will result in a growing workforce of well-trained Certified Peer Specialists across the state who have lived experience with mental illness, substance use disorders, or both, increased employment opportunities for this growing workforce, and enhanced recovery-based services to Tennesseans who have mental illness, substance use disorders, or both
- The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) was awarded a \$2.5 million grant for five years from the Administration for Children and Families (ACF) to implement the Building Strong Families in Rural Tennessee (BSF) project, effective September 30, 2007. The project was designed to reduce the number of children who remain in state custody and ensure successful reunification of children to 18 years of age when parents/caregivers have substance issues. The program is operated in the following eight rural counties: Bedford, Cannon, Coffee, Grundy, Franklin, Lincoln, Moore and Warren. Using principles of the HOMEBUILDERS model, BSF delivers intensive, crisis-oriented, skills-building services to families within the home while also ensuring linkages so the family will be able to function independently once the program ends. On average, BSF staff work with families for eight to ten direct contact hours per week for a period of four to six weeks. Through March 2012, the project has served 324 children, i.e., children on whom a child protection case would have been opened, and 276 (85%) have been safely maintained at home with parents or relatives

BSF operates as a collaborative partnership between TDMHSAS; the Tennessee Department of Children's Services (DCS); the Administrative Office of the Courts

(AOC); Centerstone of Tennessee, Incorporated; and Centerstone Research Institute (CRI). TDMHSAS is the lead agency. Other agencies have joined the collaboration as regional partners. Recently, BSF was awarded a two-year extension grant that allows the project to continue providing needed services for children and families in the designated rural areas while seeking sustainability possibilities.

ANTI-STIGMA/EDUCATION

- Anti-Stigma Campaign – TDMHSAS continues the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery with a focus on the arts. The Department co-sponsored the 7th Annual Art for Awareness project, a program which gives individuals recovering from mental illnesses or substance abuse a chance to showcase and talk about their art. This event provides a great opportunity to share artwork and stories of recovery and resiliency by persons healing from mental illness and substance abuse. Reducing stigma and increasing knowledge regarding resiliency and recovery is an important focus of the TDMHSAS Planning and Policy Council.
- The Tennessee Recovery Project implemented a Crisis Counseling Program for three federally declared disasters. FEMA 1909 for the survivors of the 2010 floods, FEMA 1979 for the survivors of the 2011 floods in West Tennessee and FEMA 1974 for the survivors of the 2011 severe storms and tornadoes in East Tennessee. FEMA 1909 closed in August 2011 with crisis counselors contacting 613 individuals during fiscal year 2011/2012. Crisis counseling efforts in East and West Tennessee for the 2011 disasters were implemented throughout the year with 10,793 individuals contacted in East Tennessee and 11,975 contacted in West Tennessee. In total, the Tennessee Recovery Project was able to counsel 23,191 individuals during fiscal year 2011 and distribute 202,366 pieces of educational material. The Crisis Counseling grants for FEMA 1974 and FEMA 1979 received an extension through August 2012.

The Three federal crisis counseling grants employed over 50 crisis counselors through (six) 6 different mental health agencies. The program also enabled the Department to hire a Tennessee Recovery Project Director to supervise the programs.

- The Department, Metro Public Health Department, Tennessee Suicide Prevention Network (TSPN), faith community leaders and other state and community partners hosted the 2nd Suicide Prevention and the African American Faith Communities Conference in Nashville for the Middle Tennessee area on October 17, 2011. This conference was replicated in Murfreesboro, TN on May 12, 2012. It was coordinated by the same group with the addition of the Rutherford County Suicide Prevention Coalition.

- The My Health, My Choice, My Life initiative began its second year by focusing on holistic wellness. The purpose of this initiative is to increase the life expectancy of those living with mental illness. The initiative served 240 individuals from 15 different Peer Support Centers and two Psychiatric Rehabilitation Centers and trained 48 individuals to be workshop leaders. Participants reported losing weight, quitting smoking, eating better, exercising more and increasing their self-esteem. The initiative achieved success even though TDMHSAS received notification that the grant would be reduced by 55.1% beginning in the third year. Although the funding cut presents challenges, the impact of the My Health, My Choice, My Life initiative has spread and continues to empower people with the knowledge, skills and resources to improve overall well-being and resiliency and live healthy and purposeful lives.

After each of the six-week health and self-management workshops, a graduation celebration was held to celebrate the healthy accomplishments of the participants. Participants received a t-shirt, a certificate, a healthy lunch and engaged in fun activities. Middle Tennessee hosted an inaugural Wellness Celebration to celebrate National Wellness Week in September.

There was a significant improvement in recovery from mental health issues, pain and fatigue symptoms, well-being, and physical/emotional interference with health. Overall, the findings present an impressive picture of My Health, My Choice, My Life, with 70% of the measured outcomes showing statistically positive change from the baseline assessment to program completion. My Health, My Choice, My Life participants reported high levels of success and satisfaction with the program.

- TDMHSAS and the Jackson Area Council on Alcoholism and Drug Dependency sponsored a five-day teen institute and prevention camp on June 20-24, 2012. Students from Shelby County Schools (SCS) joined nearly 400 youth leaders from across the state at the Tennessee Teen Institute (TTI) at Austin Peay State University. TTI is a peer-led prevention camp designed to develop and implement alcohol and drug abuse prevention programs in the participants' communities. This program trained, organized and empowered the youth to lead alcohol, tobacco and other drug prevention programs in their community.
- A new addition to the Office of Housing, Homeless & Suicide Prevention Services is the Shield of Care. This is a ground-breaking suicide prevention training curriculum designed specifically for individuals who work in juvenile justice facilities. The curriculum is based on evaluation data, best practice literature and community suicide gatekeeper training. The first pilot training on this new curriculum was conducted on January 18, 2012. The pilot training was conducted in two Youth Development Centers; the results are positive with over 85% learning new skills and the majority stating that the Shield of Care was more beneficial than other gatekeeper training they received. Approximately 20 states have expressed an interest in using this curriculum. Shield of Care, copyrighted by Tennessee, is available on the TDMHSAS web site.

CHALLENGES

- In the FY 11 – 12 budget, due to the continuing impact of the economic downturn on the State and its revenue sources, TDMH was faced with the need to take an additional 1% reduction in recurring discretionary State dollars, together with the possible loss of previous non-recurring add-backs, for a potential net reduction of \$12,926,000. The impact of these reductions has been minimized temporarily through a reinvestment of \$10,567,600 in non-recurring funds for FY 11 – 12. Funding support for indigent in-patient care is an ongoing concern.

In the FY 12 – 13 budget, with the economic downturn and cuts in federal funding, TDMHSAS was forced to take additional reductions in recurring discretionary state dollars. A significant amount of the budget for services for mental health and substance abuse services remain funded on a temporary, non-recurring basis. The state did add back some of these funds but they remain non-recurring as are the funds from the federal reserve funds. TDMHSAS has a total of \$9,184,040 in non-recurring community services funds in its budget. The Department continues to make every effort to find ways to conserve, reallocate, and augment existing funding while working to ensure continuation of important basic mental health and substance abuse treatment services.

The TDMHSAS Planning and Policy Council continues to monitor the Department's budget and make recommendations as needed.

- TDMHSAS is challenged with building a data infrastructure to meet federal and state mandates to gather data necessary to carry out duties related to planning, needs assessment, standard setting, evaluation, and development of behavioral health services and supports for current and potential service recipients. Because data collection is so fundamental to assessing the need, access, utilization, and quality of services delivered, TDMHSAS is evaluating the feasibility of purchasing or developing a Department-wide integrated system to collect the client-level data necessary to monitor service delivery and to evaluate the effectiveness of programs. Currently, the best and most accurate behavioral health data comes from entities with a contractual or regulatory relationship with TDMHSAS. Other critical data are TennCare member claims for both mental health and substance abuse services. In addition to TDMHSAS and TennCare data, a significant portion of TDMHSAS service system planning relies on using national prevalence data and other policy and evidence-based research to understand services gaps and needs.

One project underway has the potential to provide TDMHSAS with more detailed system data. The Tennessee Association of Mental Health Organizations (TAMHO), the statewide trade group for Community Mental Health Agencies, has begun collecting, in a data warehouse, client-level information on services delivered at CMHAs across the state. Because this is an all-payer database (including publicly-

funded mental health services), TAMHO has agreed to partner with TDMHSAS to extract the client-level data necessary to meet federal reporting requirements.

- The Governor tasked each Department in state government to conduct a “Top to Bottom Review” intended to thoroughly analyze operational and organizational efficiency. The results of this review established goals for change for the Department of Mental Health and Substance Abuse Services. Goal highlights include: strengthening community mental health and substance abuse services through reorganization, restructuring of the Department and focusing on resiliency and recovery; decreasing the abuse of prescription drugs through legislation that focuses prescriber attention toward monitoring and reporting and through improved treatment availability for opioid addiction; and increasing effectiveness of the RMHIs through standardizing practices, implementing best practices; increasing collaborative efforts between divisions, departments, providers and funders in the State at large.

During the previous fiscal year, TDMHSAS implemented changes that consolidated Divisions under new leadership to ensure efficient operation. Lakeshore Regional Mental Health Institute closed on June 30, 2012. New step-down processes and collaborations with local and regional providers were implemented to ensure that all patients received the most appropriate level of care. Indeed, all 14 recommendations made by the Top to Bottom review have been addressed either fully or to some extent during the previous fiscal year. Efforts toward implementing every recommendation are reflected in the goals of the Three Year Plan and proceed daily in the work of Departmental staff.

- Workforce shortages continue to present a tremendous challenge to TDMHSAS. Staffing, especially nurses and other qualified direct caregivers, is a problem for the RMHIs. Without sufficient nursing staff, consumer care is negatively impacted. The RMHIs also experience great difficulty in recruiting and retaining clinical staff, particularly psychiatrists and pharmacists. Some State employee salaries, especially in health and mental health management and clinical classifications, are not competitive. Recruitment and retention of professionals as required in the State’s complex mental health service system is increasingly more difficult, especially for child psychiatrists.
- Challenges continue in developing a true, statewide System of Care model for the delivery of integrated clinical services and child and family support services, expanding school-based services, and developing a full continuum of services designed around the needs of transition-aged youth.

Many system barriers to continuity between youth and adulthood service access have been identified through efforts by advocates and providers. These efforts have culminated in the development of a statewide Youth Transitions Advisory Council (YTAC) administered by the Tennessee Commission on Children and Youth, and which combines the efforts of the Transition Task Force formerly administered by TDMHSAS. The YTAC shares responsibility, with the Department of Children’s

Services (DCS), to address the needs of youth transitioning from the child mental health system to the adult system. Partners in this task force include all child-serving Departments, community agencies, and advocacy groups. This collaboration seeks to address gaps in the service delivery system, the fragmentation of services, and the lack of developmentally appropriate services to transition-age youth into the adult mental health system.

Another challenge is a lack of coordinated support for using the System of Care approach across all child-serving departments and agencies that serve for children and youth. The Statewide System of Care Expansion Implementation grant awarded in September 2012 will be of assistance in this regard. Additionally, one of TDMHSAS's block grant goals is to increase public awareness of Systems of Care through statewide outreach activities.

- Crisis Services - A large portion of the funding for crisis services is either non-recurring state or block grant dollars which places the program at risk for significant reductions every year. TennCare disenrollment, increasing unemployment rates, returning veterans, and lack of mental health coverage by private insurance carriers continue to contribute to increasing demand for crisis services. This has created additional funding challenges for TDMHSAS, particularly in light of the budget reductions occurring over the past several consecutive years. Other than TennCare, there are no other funding sources available for these important services, which are available to all within Tennessee regardless of payer source. As a result, the mobile crisis system, which has not received an increase in funding since 1991, struggles to provide the resources needed to meet the demand which impacts access to mental health and/or substance abuse care and quality of services.

MMCDs improve access to care for uninsured individuals in need of detoxification services and have reduced hospital admissions, emergency department services, and criminal justice involvement. However, more funding is needed to fully serve all parts of the state.

The TDMHSAS Statewide Planning and Policy Council's advocacy role is critical in assuring that the quality of care to those most in need is not compromised. To help facilitate this advisory role, Regional and Statewide Councils receive regular updates on statewide mental health and substance abuse initiatives from Department staff through monthly Executive Staff reports and quarterly Statewide and Regional Planning Council meetings. Staff of the Office of Planning attends every Council meeting to provide updates, answer questions and bring concerns back to the TDMHSAS central office.

The Regional Councils work closely with the Statewide Council's Executive Committee, Planning and Budget Committee, Legislative Committee, Adult Committee, and Children's Committee to consider all aspects of mental health and substance use disorders for adults and children. The committees bring

recommendations for service delivery improvements to the Statewide Council as they relate to services.

The Statewide Council is active and strategic in its direction-setting and advocacy efforts, and has a thorough grasp on the challenges facing the State. There is a high level of dedication among Council members who are effective advocates. The Council recognizes that mental health and substance abuse services are critical for individuals to lead a productive life.

The Department's major challenge remains the current financial constraints facing most States, stabilization or expansion of existing services, and funding of new initiatives.